2950-1/3P Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (70° __5-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fill in Appropriate	the specification of wh	ich is attached herete	o. If not attached	THEREIN	AND APPARA			
nformation -	on - the specification was filed on							
For Use Without Specification	United States Application Number; and amended on							
Attached:	the specification v	vas filed on				(ii applicable	as PCT	
- Cacincai	International App	lication Number_		· · · · · · · · · · · · · · · · · · ·			and was	
	. amended under F	CT Article 19 on				(if ap	plicable)	
	amended by any amen	dment referred to al	ove.		oove-identified specific atentability as defined	, –		
	Regulations, §1.56.	d do not believe the set described in any projection, that the same, that the invention in any country in more than twelvertificate on this inventional.	same was ever kn rinted publication the was not in publication that has not been paraforeign to the U foreign to the U to months (six months)	own or used in the in any country be lic use or on sale ented or made the nited States of Ar other for designs) and says country the firm any country the says	United States of Amer efore my or our inven in the United States of subject of an inventor nerica on an application prior to this application foreign to the United	ica before my or tion thereof or r f America more 's certificate issue ion filed by me n, and that no a States of Americ	our invention nore than one than one year ued before the or my legal pplication for	
	Prior Foreign Applic		ii wincii piioiity i	s claimed.	•	Priority (
nsert Priority nformation:	99-42931	Korea		10/0	5/99	X		
if appropriate)	(Number)	(Country)		(Month/Da	y/Year Filed)	Yes	No	
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	(Number)	(Country)	 _,	(Month/Da	y/Year Filed)	Yes	No	
	(Number)	(Country)	•	(Month/Da	y/Year Filed)	Yes	□ No	
	(Number)	(Country)		(Month/Da	y/Year Filed)	☐ Yes	□ No	
	I hereby claim the bene		nited States Code		•			
asert Provisional	(Application Number)			(Filing F	Date)			
application(s): if any)				(rimig r				
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	(Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to							
	All Foreign Application the Filing Date of This		tent or Inventor's	Certificate Filed N	Nore than 12 Months (6 Months for De	signs) Prior to	
	Country	Aŗ	plication Numbe	г	Date of Filing (Mont	h/Day/Year)	-	
nsert Requested nformation: if appropriate)								
	I hereby claim the bene insofar as the subject application in the mann information which is man between the filing date	matter of each of t ner provided by the naterial to the patent	he claims of this first paragraph of ability as defined	application is no Title 35, United Si in Title 37, Code of	t disclosed in the pric tates Code, §112, I ack of Federal Regulations,	or United States nowledge the di §1.56 which bed	and/or PCT uty to disclose	
nsert Prior U.S. application(s): f any)	(Application Number)	(Fi	ling Date)		(Status - patented, pe	ending, abandon	ed)	
age 1 of 2	(Application Number)	(Fi	ling Date)		(Status - patented, pe	ending, abandon	ed)	

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
Inventor → Insert Date This Document is Signed	Dae Young KIM	7/2 W	9/22/00					
Insert Residence	Residence (City, State & Country)		CITIZENSHIP					
Insert Citizenship →	Seoul, Korea		Republic of Korea					
Insert Post Office Address →	POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 180-503, Sangroksu Apt., Irwon-dong, Kangnam-gu, 135-230, Republic of Korea							
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
·	Residence (City, State & Country)		CITIZENSHIP					
,	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
·	Residence (City, State & Country)		CITIZENSHIP					
		1						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
·	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
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*DATE OF SIGNATURE